

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		59	819
FORMALITY REVIEW	JH	71555	9-2-99

54523 INDEX OF CLAIMS

11-10-99

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	7/1/00
2	✓	✓	7/1/00
3	✓	✓	7/1/00
4	✓	✓	7/1/00
5	✓	✓	7/1/00
6	✓	✓	7/1/00
7	✓	✓	7/1/00
8	✓	✓	7/1/00
9	✓	✓	7/1/00
10	✓	✓	7/1/00
11	✓	✓	7/1/00
12	✓	✓	7/1/00
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14	✓	✓	7/1/00
15	✓	✓	7/1/00
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47	✓	✓	7/1/00
48	✓	✓	7/1/00
49	✓	✓	7/1/00
50	✓	✓	7/1/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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